Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

- 1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- 2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "F. "An" changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- 5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- All telephone numbers must include area codes.
- 8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.
- 9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
- 10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or

security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- 6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- 10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

	STATE CODES (ABBREVIATIONS)												
Alabama	AL	Hawaii	Н	Massachusetts	MA	New Mexico	NM	South Dakota	SD				
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN				
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX				
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT				
California	CA	lowa	IA	Missouri	MO	Ohio	ОН	Vermont	VT				
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA				
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA				
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV				
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI				
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	sc	Wyoming	WY				
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	СМ	Puerto Rico	PR				
Trust Territory	TT	Virgin Islands	VI										

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

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	Naturalization Cer	rtificate (И	here were you	u natur	ralized?)													
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9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year	Street Address			Apt. #	City (Country	()		State	ZIP Code
^{‡1} To Present									
Name of Person Who Knows You		Street Address	Apt.#	City (Country	/)	State	ZIP Code	Telephon	e Number
Month/Year	Street Address			Apt. #	City (Country	/)		State	ZIP Code
#2 To									
Name of Person Who Knew You		Street Address	Apt.#	City (Country	/)	State	ZIP Code	Telephon	e Number
Month/Year	Street Address	!		Apt. #	City (Country	/)		State	ZIP Code
‡3 To									
Name of Person Who Knew You		Street Address	Apt.#	City (Country	/)	State	ZIP Code	Telephon	e Number
Month/Year	Street Address	İ		Apt. #	City (Country	/)		State	ZIP Code
#4 To									
Name of Person Who Knew You		Street Address	Apt.#	City (Country	/)	State	ZIP Code	Telephon	e Number
Month/Year	Street Address			Apt. #	City (Country	/)		State	ZIP Code
#5 To									
Name of Person Who Knew You	. 1	Street Address	Apt.#	City (Country	<i>(</i>)	State	ZIP Code	Telephon	e Number

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years.** List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 High School
- 2 College/University/Military College
- 3 Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

٨	/lonth/Year	Month/Year	Code	Name of School	ol			Degree/Diploma/Oth	er	Month/Year Awarded
#1	Т	o								
Street	Address and	City (Country)	of School	.L	and the second s				Sta	ite ZIP Code
Name	of Person Wh	no Knew You			Street Address	Apt.#	City (Country	y) State	ZIP Code	Telephone Number
Name (orr erson vvi	io rinew rou			Olicel Address	•	Only (Oddina)	, Clate	211 0000	, relephone rumber
N	//onth/Year	Month/Year	Code	Name of School	ol .			Degree/Diploma/Oth	ner	Month/Year Awarded
#2	Т	o								
Street	Address and	City (Country)	of School	4					Sta	ite ZIP Code
NI	-	no Knew You			Street Address	Apt.#	City (Country) State	ZIP Code	Telephone Number
ivame (or Person vvi	io knew fou			Street Address	, , , , , , , , , , , , , , , , , , , 	City (Country) State	ZIF Code	relephone Number
- N	/lonth/Year	Month/Year	Code	Name of School	l ol			Degree/Diploma/Oth	ner	Month/Year Awarded
#3	т	·o								
Street	Address and	City (Country)	of School	advanta 2011 201 201 201 201 201 201 201 201 20				and the state of t	Sta	ite ZIP Code
Name o	of Person Wh	no Knew You			Street Address	Apt.#	City (Country	y) State	ZIP Code	Telephone Number
Enter	your So	cial Securit	y Numb	er before g	oing to the next	page		-	→	

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it

• Code: Use one of the codes listed below to identify the type of employment:

- Active military duty stations
- National Guard/Reserve
 U.S.P.H.S. Commissioned Corps 4 - Other Federal employment
- 5 State Government (Non-Federal employ-
- Self-employment (Include business name and/or name of person who can verify)
- 7 Unemployment (Include name of 9 Other
- person who can verify) Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

	Employer/Verifer Name/Military D	litary Duty Location Your Position Title/Military Rank			
#1 то Present					
Employer's/Verifier's Street Address		City (Country)	Stat	e ZIP Code	Telephone Number
Street Address of Job Location (if diffe	erent than Employer's Address)	City (Country)	Stat	e ZIP Code	Telephone Number
Supervisor's Name & Street Address	(if different than Job Location)	City (Country)	Stat	e ZIP Code	Telephone Number
Month/Year Month/Year F	Position Title		Supervisor		
Month/Year Month/Year F	Position Title		Supervisor		
Month/Year Month/Year F	Position Title		Supervisor		and the second s
Month/Year Month/Year Code	Employer/Verifier Name/Military [Outy Location	Your	Position Title/Milita	ary Rank
#2 To Employer's/Verifier's Street Address		City (Country)	Stat	e ZIP Code	Telephone Number
Street Address of Job Location (if diffe	erent than Employer's Address)	City (Country)	Stat	e ZIP Code	Telephone Number
Supervisor's Name & Street Address	(if different than Job Location)	City (Country)	Stat	e ZIP Code	Telephone Number
Month/Year Month/Year F	Position Title		Supervisor		
* ×	Position Title		Supervisor		
Month/Year Month/Year F	Position Title		Supervisor		
Month/Year Month/Year Code	Employer/Verifier Name/Military [Outy Location	Your	Position Title/Milita	ary Rank
Employer's/Verifier's Street Address		City (Country)	Stat	e ZIP Code	Telephone Number
Street Address of Job Location (if diffe	erent than Employer's Address)	City (Country)	Stat	e ZIP Code	Telephone Number
Supervisor's Name & Street Address	(if different than Job Location)	City (Country)	Stat	e ZIP Code	Telephone Number
	Position Title		Supervisor		
To War Month/Year Month/Year F To Month/Year Month/Year F Month/Year Month/Year F	Position Title		Supervisor		
SOURCE SO	Position Title		Supervisor		
Enter your Social Security N	Jumber before going to th	e next page			

YOUR EMPLOYMENT ACTIVITIES (CONTINUED) Month/Year Month/Year Code Employer/Verifier Name/Military	Duty Location		Your Pos	ition Title/Milita	ry Rank
#4 To					
Employer's/Verifier's Street Address	City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year Position Title		Supervisor	,		
Month/Year Month/Year Position Title		Supervisor			
Month/Year Month/Year Position Title To To		Supervisor			
Month/Year Month/Year Code Employer/Verifier Name/Military	Duty Location		Your Pos	ition Title/Milita	ry Rank
#5 To Employer's/Verifier's Street Address	City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year Position Title		Supervisor			
Month/Year Month/Year Position Title To Month/Year Month/Year Position Title		Supervisor			
To Position Title		Supervisor			
То					
Month/Year Month/Year Code Employer/Verifier Name/Military #6 To	Duty Location		Your Pos	ition Title/Milita	iry Rank
Employer's/Verifier's Street Address	City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year Position Title		Supervisor			
Month/Year Month/Year Position Title		Supervisor			
Month/Year Month/Year Position Title		Supervisor			
PEOPLE WHO KNOW YOU WELL					
List three people who know you well and live in the United State combined association with you covers as well as possible the last	es. They should be go st 7 years. Do not list	ood friends, pee your spouse, fo	rs, colleag ormer spo	gues, college rouses, or other r	commates, etc., whose relatives, and try not to
list anyone who is listed elsewhere on this form. Name	1	Dates Known		phone Number	
#1	Month/\	То	\) Day) Night	State 712 Cod-
Home or Work Address	Ci	ity (Country)			State ZIP Code
#2 Name	Month/\	Dates Known /ear Month/ To	Year (ephone Number) Day) Night	
Home or Work Address	Ci	ity (Country)			State ZIP Code
#3 Name	Month/\	Dates Known /ear Month/ To	Year (ephone Number) Day) Night	
Home or Work Address	Ci	ity (Country)		, , , , , , , , , , , , , , , , , , ,	State ZIP Code
Enter your Social Security Number before going to the	ne next page			—	

13	YOUR SPOUSE Mark one box to show your current	marital	status and provide	information about	your spouse(s) in items a, and/or l	b.	
	1 - Never married 2 - Married			3 - Separated 4 - Legally Sep	parated		5 - Divorced 6 - Widowed	
a	Current Spouse Complete the f	ollowin	g about your curren Date of Birth		nclude country	if outside the U.S.)	Social Security Number	
	Other Names Used (Specify maiden nam	e, name	s by other marriages,	etc., and show dates u	used for each n	ame)	Country(ies) of Cit	tizenship
	Date Married		Place Married (Includ	e country if outside the	e U.S.)			State
	If Separated, Date of Separation		If Legally Separated, V	Where is the Record L	ocated? City (C	Country)		State
	Address of Current Spouse, if different the	an your	current address (Stree	et, city, and country if	outside the U.S	:.)	State	ZIP Code
0	Former Spouse(s) Complete the Full Name	e follow	ring about your form Date of Birth	ner spouse(s), use Place of Birth (Inclu				State
	Country(ies) of Citizenship		Date Married	Place Married (Incl	ude country if o	utside the U.S.)	Management of the section of the sec	State
	Check One, Then Give Date Divorced Widowed Address of Former Spouse (Street, city, a	and cour	Month/Day/Year	,	is the Record L	ocated? City (Country) State ZIP Code	Telephone Number	State
1	YOUR RELATIVES AND AS Give the full name, correct code, an 1 - Mother (first) 5 - Foster p 2 - Father (second) 6 - Child (a 3 - Stepmother 7 - Stepchil 4 - Stepfather 8 - Brother * Code 17 (Other Relative)-include or close and continuing contact. Co	nd othe parent dopted ld only for ode 18	er requested informa 9 - Sister 10 - Stepbi 11 - Stepsi 12 - Half-bi reign national relativ (Associates) - inclu	13 - H rother 14 - F ster 15 - N rother 16 - C	Half-sister Father-in-law Mother-in-law Guardian 6 with whom	17 - Other Relativ 18 - Associate* 19 - Adult Current	e* tly Living With You are bound by affection.	obligation.
Full	affection, obligation, or close and co Name (If deceased, check box on the left before entering name)	Code		Country of Birth	Country(ies	/	treet Address and City y) of Living Relatives	State
		1						
		2						
1				A/A 147				
		-						
1								
Enter	your Social Security Numb	ber be	efore going to	the next page			>	

	of birth on the first li			pun n	accurator,	***************************************	auon m		aa,.				
On the of citiz	e second line, prov zenship status. Pro	ide the individu ovide additional 1. Nat issu natu 2. Citi	al's naturalizatior	n certific nat line ificate: ion whe city and ate: Pi	cate or alier as requesto Provide the re the pers State). rovide the c	n registration ed. le date on was	on numb	er and use 3. Alien I and plathe U.S 4. Other:		rovide the date erson entered e). lanation in the	low to ider	ntify p	proof
	Association	1002	Name	and St	alej.			Additi			th (Month/D	ay/Ye	ar)
#1													
Cer	rtificate/Registration #		Document Code	Addit	ional Informa	ation							
#2	Association		Name							Date of Bir	th (Month/D	Day/Ye	ar)
	rtificate/Registration#		Document Code	Addit	tional Informa	ation							
00.	runouton togrou auton n												
16	YOUR MILITA	ARY HISTOR	₹Y								Y	es	No
a	Have you served	in the United S	tates military?										
0	· -												
	all of your military vice (#1) and work of Code. Use one	backward. If yo	ou had a break in	service	e, each sep	arate perio				vith the most re	cent perio	d of	
	1 - Air Force	2 - Army	•		e Corps	5 - Co	ast Gua	rd 6	6 - Merchant Mai	rine 7 - N	lational G	uard	
	O/E. Mark "O"Status. "X" the					ırina the tin	ne that v	OU SERVEC	l If your service	was in the Nati	onal Guar	d do	not i
	an "X": use the	two-letter code	for the state to n	nark the	e block.	ing the thi	ne triat y	ou servec		was in the Hati	orial Guar	u, uo	1100
		ur service was v	with other than th	e U.S.		ces, identify	the cou	untry for w	hich you served.				
onth/Ye			with other than the e/Certificate#	e U.S.	Armed Ford		Sta	atus			Country		
onth/Ye	ear Month/Year (Armed Ford		Sta ve	-	National Guard (State)		Country		
onth/Ye	• •				Armed Ford	re Acti	Sta ve	atus Inactive	National Guard		Country		
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17) 3 5	To To YOUR FORE Do you have any Are you now or have you ever have you ever have applications and leading to the control of	IGN ACTIVI foreign propert ave you ever be ad any contact v s, whether insid	FIES y, business connumber employed by with a foreign gover the contacts.)	ections or acte	Armed Force Active Active or financial as a constitution, its establishment or financial as a constitution or financial as a constitution or financial as a constitution or financial as a constitution or financial as a constitution or financial as a constitution or financial as a constitution of financial a	re Acti Research al interests' sultant for a dishments (n official U.	Starve Property of the start o	atus Inactive Reserve governm sies or con	National Guard (State) ent, firm, or ager	ncy?	Y	res	No
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Standard Form **86** Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

Pa	art 2	OFFICIAL USE ONLY			
19 Mor		WILITARY RECORD ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type below. Type of Discharge	of	Yes	No
20	YOUR S	SELECTIVE SERVICE RECORD		Yes	No
		ou a male born after December 31, 1959? If "No," go to 21 . If "Yes," go to b .			
	6 Have reaso	you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the on for your legal exemption below.			
Registration	on Number	Legal Exemption Explanation			
	YOUR I	MEDICAL RECORD		Yes	No
2	In the last	7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have y with another health care provider about a mental health related condition?	ou		
	If you ans	swered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the on(s) involved only marital, family, or grief counseling, not related to violence by you.			
Month/Ye	ear Month/	Year Name/Address of Therapist or Doctor	State	ZIP (Code
	То		-		
	То				
22	YOUR I	EMPLOYMENT RECORD		Yes	No
	Has any c	of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go I, providing date fired, quit, or left, and other information requested.			
	1 - Fired f 2 - Quit a	job after being told be fired 4 - Left a job by mutual agreement following allegations of under untavous unsatisfactory performance	orable circ	cumsta	
Month/Ye	ear Code	Specify Reason Employer's Name and Address (Include city/Country in outside 0.5.)	State	ZIF	Code
	For this ite record. Th court issue	OLICE RECORD Import information regardless of whether the record in your case has been "sealed" or otherwise stricken from the ne single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for while an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.	cn tne	Yes	No
	·	rou ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justic			
		rou ever been charged with or convicted of a firearms or explosives offense?		<u> </u>	-
		ere currently any charges pending against you for any criminal offense? You ever been charged with or convicted of any offense(s) related to alcohol or drugs?			
	•	ast 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Milit	arv		
,	Justice	e? (Include non-judicial, Captain's mast, etc.)	<u>.</u>		
(In the la	ast 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)			
	If you a	answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the on (for example, arson, theft, etc.).	e actual of	fense o	r
Month/Y	ear Offense	e Action Taken Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP (Code
Enter	your So	ocial Security Number before going to the next page			

24	$\nabla \Delta \mathbf{I}$	ID IIC		III ECAL D	RUGS AND DRUG	ACTIVITY				V	A1 -
	The f	following	g questi ure to d	ons pertain to	the illegal use of drugs o grounds for an adverse e	r drug activity.	ision or actior	n agains	nswer the questions fully and truthfully, t you, but neither your truthful responses juent criminal proceeding.	Yes	No
	m	narijuan	a, cocai	ne, crack coca	st 7 years, whichever is s ine, hashish, narcotics (anquilizers, etc.), halluci	opium, morphine	e, codeine, he	eroin, etc	ontrolled substance, for example, .), amphetamines, depressants ption drugs?		
	6 H	lave you hile pos	u <u>ever</u> il ssessing	legally used a o	controlled substance whi arance; or while in a pos	ile employed as ition directly and	a law enforce d immediately	ement of	ficer, prosecutor, or courtroom official; g the public safety?		
	G in	n the las r sale o	st 7 year f any na	rs, have you be ircotic, depress	en involved in the illegal sant, stimulant, hallucino	l purchase, man gen, or cannabi	ufacture, traff s for your owr	ficking, p n intende	oroduction, transfer, shipping, receiving, ed profit or that of another?		
				"Yes" to a or b	above, provide the date	s(s), identify the	controlled su	ubstance	e(s) and/or prescription drugs used, and the	he num	ber
Month	n/Year To	Month/\	Year (Controlled Substa	ance/Prescription Drug Used			Nui	mber of Times Used		
	To)		and the second s							
25	YOL	JR US	E OF	ALCOHOL						Yes	No
	In the	e last 7	years, h	nas your use of for alcohol ab	f alcoholic beverages (su use or alcoholism)?	ıch as liquor, be	er, wine) resu	ılted in a	ny alcohol-related treatment or		
	If you	u answe	ered "Ye	s", provide the		the name and a	ddress of the	counsel	or or doctor below. Do not repeat		
Month	То		Year 1	Name/Address of	Counselor or Doctor				State	ZIP (Code
26	YOL		/FSTI	GATIONS F	PECORD					Yes	No
	Codes 1 - Def 2 - Sta	security under th cleared, for Inves fense De	clearar ne "Othe , check stigating	nce received, e er Agency" he the "No" box. Agency	nter "Other" agency coo ading, below. If your res	de or clearance	code, as appr or you don't k ity Clearance R	opriate, now or o	the investigating agency and/or the and "Don't know" or "Don't recall" can't recall if you were investigated and Secret 6 - L		
		te Depar	tment		5 - Treasury Department	1 - Confidential			itive Compartmented Information 7 - Other		
		Year A	tment rsonnel N	Management Other Agency	5 - Treasury Department 6 - Other (Specify)	1 - Confidential 2 - Secret		4 - Sens 5 - Q		Clea	arance ode
		Year A	tment rsonnel N Agency	N anagement		1 - Confidential 2 - Secret		4 - Sens 5 - Q Agency	itive Compartmented Information 7 - Other	Clea	arance ode
	Month	Year A	tment rsonnel N Agency Code knowle en deba	Management Other Agency dge, have you rred from gove	6 - Other (Specify) ever had a clearance or	1 - Confidential 2 - Secret Clearance Code access authoriz "Yes," give date	Month/Year attion denied,	4 - Sensi 5 - Q Agency Code	itive Compartmented Information 7 - Other	Clea	arance ode No
	Month	To your ever been or terming	tment rsonnel N Agency Code knowle en deba	Management Other Agency dge, have you rred from gove if a security cle	6 - Other (Specify) ever had a clearance or ernment employment? If	1 - Confidential 2 - Secret Clearance Code access authoriz "Yes," give date	Month/Year attion denied,	4 - Sensi 5 - Q Agency Code	Other Agency ded, or revoked, or have you	Clea C	ode
	Month/	To your ever been or terming	tment rsonnel N Agency Code knowle en deba	Management Other Agency dge, have you rred from gove if a security cle	ever had a clearance or ernment employment? If earance is not a revocation	1 - Confidential 2 - Secret Clearance Code access authoriz "Yes," give date	Month/Year Aution denied, a of action an	4 - Sensi 5 - Q Agency Code	Other Agency Other Agency ded, or revoked, or have you y. Note: An administrative downgrade	Clea C	ode
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27	Month. Month.	To your ever be or termi	Agency Code knowle en deba nation c	dge, have you rred from gove because of a security cle	ever had a clearance or ernment employment? If earance is not a revocation or Agency Taking Action	1 - Confidential 2 - Secret Clearance Code access authoriz "Yes," give date on.	Month/Year action denied, e of action an Month/Year	4 - Sensi 5 - Q Agency Code suspend d agency	Other Agency Other Agency ded, or revoked, or have you y. Note: An administrative downgrade Department or Agency Taking Action	Yes	No No
27	Month. YOU In the limit of th	To your ever been or terminally at the lass	Agency Code knowle en deba nation c	dge, have you rred from gove f a security cle Department	ever had a clearance or ernment employment? If earance is not a revocation or Agency Taking Action ED ed a petition under any card your wages garnished	1 - Confidential 2 - Secret Clearance Code access authoriz "Yes," give date on.	Month/Year ation denied, e of action an Month/Year inkruptcy code	4 - Sensi 5 - Q Agency Code suspend d agency	Other Agency Other Agency ded, or revoked, or have you y. Note: An administrative downgrade Department or Agency Taking Action lude Chapter 13)? any reason?	Yes	No No
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Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type or Print L	Legibly		Date Signed	
Other Names Used				Social S	ecurity Number
Current Address (Street, City)	St	State	ZIP Code	Home Te	elephone Number Area Code)

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legi	Date Signed	
Other Names Used			Social Security Number
Current Address (Street, City)	State	e ZIP Code	Home Telephone Number (Include Area Code)

		41